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GROUP 1600

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DATE: October 29, 2002
TO: Examiner James Schultz
COMPANY: USPTO
FAX NO.: 703-305-3014
TELEPHONE NO.: 703-308-9355
FROM: Barrie D. Greene
OUR REF. NO.: PF-0059-5 CON
SERIAL NO.: 09/875,520
PAGES : 16

OFFICIAL

RE: Response to Restriction Requirement dated October 2, 2002.

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D cket No.: PF-0059-5 CON

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the attention of Examiner James Schultz, Group Art Unit 1635, U.S. Patent and Trademark Office to Facsimile No. 703-303-3014 on the date shown below.

Signature

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hawkins et al.

Title: HUMAN PHOSPHOLIPASE INHIBITOR

Serial No.: 09/875,520

Filing Date: June 06, 2001

Examiner: Schultz, J.

Group Art Unit: 1635

Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Fax Cover Sheet (1 pg.);
2. Response to Restriction Requirement (12 pp.); and
3. Certificate of Revocation of Power of Attorney and Appointment of New Attorneys (2 pp.).

The fee has been calculated as shown below.

Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total	20	-	20		0	x\$18.00	\$	0
Indept.	1	-	3		0	x\$84.00	\$	0
First Presentation of Multiple Dependent Claims						+280.00	\$	0
Total Fee:								\$ 0

☒ No additional Fee is required.

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108.

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: October 24, 2002Barrie D. Greene

Barrie D. Greene

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